

ISSUED: 07-05-1994

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| <b>No. 51103</b><br><br>Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>P.O. BOX 83720</b><br><b>Boise, ID 83720-0080</b><br><br><b>* FIRST NOTICE *</b><br><b>NO FEE REQUIRED</b> | <b>Idaho Corporation Annual Report Form</b><br><br><i>Due No Later Than November 1, 1994</i><br><br><b>1. Mailing Address —</b><br><br><b>STEVEN M. KLINGLER, D.D.S., P.A.</b><br><b>STEVEN M KLINGLER</b><br><b>333 S WOODRUFF</b><br><br><b>IDAHO FALLS ID 83401</b> | <b>2. Registered Agent and Office</b><br><br><b>STEVEN M. KLINGLER</b><br><b>333 SO. WOODRUFF AVE.</b><br><br><b>IDAHO FALLS ID 83401</b><br><br><b>3. Incorporated Under The Laws</b><br>of <b>ID</b><br><b>NO: 51103</b> |
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| 4. Names and Addresses of Officers and Directors |                            |                               |             |              |            |
|--------------------------------------------------|----------------------------|-------------------------------|-------------|--------------|------------|
|                                                  | <u>Name</u>                | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
| President:                                       | STEVEN M. KLINGLER DDS, PA | 333 SO WOODRUFF               | IDAHO FALLS | ID           | 83401      |
| Secretary:                                       | MARY F. KLINGLER           | 1934 TIFFANY DR.              | IDAHO FALLS | ID           | 83404      |
| Directors:                                       | STEVEN M. KLINGLER         | 333 SO WOODRUFF               | IDAHO FALLS | ID           | 83401      |

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| <b>5. Nature of Business</b><br><br><p style="font-size: 1.2em; margin-top: 20px;">DENTISTRY</p> | <b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b><br><br><table style="width: 100%;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <b>7-12-94</b></td> </tr> <tr> <td>Name (Typed or Printed) <b>STEVEN M. KLINGLER, DDS, PA</b></td> <td>Title <b>PRESIDENT</b></td> </tr> </table> | Signature | Date <b>7-12-94</b> | Name (Typed or Printed) <b>STEVEN M. KLINGLER, DDS, PA</b> | Title <b>PRESIDENT</b> |
| Signature                                                                                        | Date <b>7-12-94</b>                                                                                                                                                                                                                                                                                                                                                                                |           |                     |                                                            |                        |
| Name (Typed or Printed) <b>STEVEN M. KLINGLER, DDS, PA</b>                                       | Title <b>PRESIDENT</b>                                                                                                                                                                                                                                                                                                                                                                             |           |                     |                                                            |                        |